3 February 2007

Chemist+Druggist
Weekly news for pharmacy
www.dotpharmacy.com

News: John D'Arcy quits NPA for Rowlands role

News: RPSGB says Section 60 will cost £1m

Features: toiletries – how to retain your market share

"Just one bottle of Buttercup...

...for any type of cough"

Buttercup has a unique combination of natural, active ingredients and is effective for any type of cough.

So, even if your customers are unsure what type of cough they have, they can be sure of Buttercup.

One bottle that's tough enough for any type of cough!

ALWAYS READ THE LABEL

Name of the Medicinal Product: Buttercup Syrup. Qualitative and Quantitative Composition: Liquid Extract 0.062% v/v. Therapeutic Indications. For [illegible] Pregnancy and Medical [illegible] Two Tbs [illegible] ...ings [illegible]

precautions for use: If symptoms persist, consult your doctor. Keep all medicines out of the reach and sight of children. Patients with rare hereditary problems of fructose intolerance, glucose-galactose malabsorption or sucrase-isomaltase insufficiency should not take this medicine. Not recommended for Children under 2 years of age. Keep out of reach and sight of Children. If symptoms persist, or if this medicine upsets you in any way, consult your doctor. As with all medicines, if you are pregnant or breastfeeding or taking any other medication, consult your doctor before taking this product. If you exceed the stated dose, consult your doctor or casualty department. **Pregnancy and Lactation:** As with all medicines, caution is required. If in doubt, consult your medical adviser. **Package Quantity and Costs:** 75ml bottle: £2.49 (RSP). 150ml bottle: £3.49 (RSP). 200ml bottle: £4.49 (RSP). **Marketing Authorisation Holder:** Chefaro UK Ltd. 1 Tower Close, St. Peter's Industrial Park, Huntingdon, Cambridgeshire PE29 7DH, United Kingdom. **Marketing Authorisation Number(s):** PL 02855/0024. **Date of Preparation:** January 2007.

GSL

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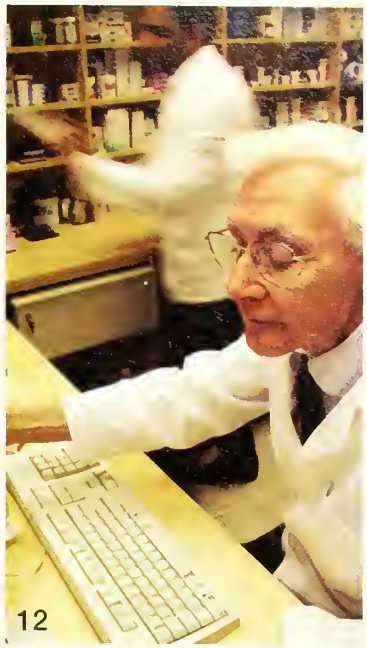

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Pharmacy Champions

Cover: This week's Pharmacy Champion, Herbert Jones. Picture: Mike Gutteridge Photography

John D'Arcy: looking forward to a fresh challenge with Rowlands Pharmacy

John D'Arcy departs NPA

NPA 'Exceptional ambassador' moves on

John D'Arcy has resigned as NPA chief executive to become Rowlands' commercial director from May.

"I've been at the NPA a third of my life. I'm leaving the organisation on a high and am looking forward to the Rowlands job. I needed a fresh challenge," Mr D'Arcy told C+D.

The outgoing chief executive ends a 10-year tenure at the NPA's helm. "It's been a rollercoaster ride and pharmacy has transformed to being a profession that everyone is talking about. I've loved being at the heart of it all," he said.

NPA staff appeared "stunned" by Mr D'Arcy's departure, he revealed. "A lot of people were very surprised. When you are in an organisation for so long I suppose you become part of the furniture."

NPA chairman Umesh Patel praised the outgoing chief executive as an "exceptional ambassador" for pharmacy. **MG**

John D'Arcy on:

The high point

"Growing the NPA's stature over the past 10 years. Also recruiting Alliance Boots as a member last year to increase our representation of the sector."

His successor

"I think they will need to be enthusiastic, energetic and prepared to get to grips with a complex market. I suppose you need to be a bit of all things to all men."

Section 60 delayed to tie in with Scottish rollout

Introduction delayed until technicians' directive extended to Scotland

Ailsa Colquhoun

The Section 60 Order will not be introduced until legislation regulating technicians in Scotland is in place, the House of Lords has ruled.

In a debate on the draft Section 60 legislation, the Lords voted to delay introduction until an amending directive extending the directive to Scotland was introduced.

This is expected later this year, according to Baroness Royall of Blaisdon, who introduced the order into the Lords this week.

However, although the Section 60 Order will not be further sidelined by the Foster and Donaldson reports into the regulation of healthcare professionals, it could be affected by the publication of a new white paper later this year, Baroness Royall claimed.

"Some changes may be made to strengthen best regulatory practice across all regulators," she said.

The House of Lords also voted to retain the draft legislation's disclosure of information provisions. These oblige the Royal Pharmaceutical Society to inform PCTs and employers when an allegation against pharmacists is referred to a fitness to practise hearing.

Baroness Royall said: "Disclosure is a tried and tested approach used by other regulators and we consider that it represents an appropriate balance between a registrant's privacy and the need to protect members of the public."

The Lords also voted in provisions to extend the 'menu of options' available to fitness to practise regulators to include interim suspensions.

The Section 60 Order now heads to the Commons and Baroness Royall urged MPs to give the order a speedy approval.

She said: "The demand for clinical services from pharmacists continues to grow. There is clearly great scope for pharmacists to do harm if they do not perform properly."

£1m bill for Section 60

Tom Hawkins

The Royal Pharmaceutical Society has revealed that it faces a bill for £1 million to fund changes being set out in the Section 60 Order.

In an explanatory memorandum to the order, which was passed in the House of Lords this week, the RPSGB said the cost was related to the running of new committees.

The bulk of the increase – £600,000 – is attributed to increased fitness to practise activity. The remainder is associated with recording and enforcing statutory CPD measures.

Fees for this year have already been set, but the Society hinted that there could be an adjustment in future to account for the extra costs.

A spokesperson said: "The Council will have to take costs into account when it considers fees in the future but there are no plans at this stage."

Mark Koziol, chairman of the Pharmacists' Defence Association, said the extra fitness to practise costs could be avoided if the administrative burden was reduced by screening cases and adopting a more "reasonable approach".

In December the Society announced its intention to lobby to decriminalise dispensing errors within the Medicines Act. In addition, when it met in January, the Law and Ethics Committee discussed the criteria for assessing whether a single dispensing error is likely to amount to professional misconduct and require referral to the Infringements Committee.

Its recommendations will be considered by Council when it convenes on March 27.

RPSGB ups the pressure

Politics MPs urged to support regulations

MPs appointed to a committee considering the pharmacy Section 60 regulations have been urged by the pharmacy profession to give the measure their approval.

A leaked copy of an email sent to MPs says: "I am writing on behalf of the Royal Pharmaceutical Society of Great Britain, the regulatory and professional body for pharmacists in England, Scotland and Wales.

"The government, the Society and other key stakeholders have worked together closely on the Pharmacists and Pharmacy Technicians Order, which will update, strengthen and clarify the Society's powers to protect, promote and maintain the health and safety of the public.

"As a member of the committee, the RPSGB is calling on you to support the Society in ensuring that the order is made and implemented." It was signed by Hugo Legh, the communications chief at Connect public relations, which is acting for the RPSGB.

The chairman of the committee is John Bercow, a Tory MP, and it includes Caroline Flint, the health minister in charge of the measure. **CB**

Students scoop elderly care prize. See p10 ›

Come dancing: this ballgown is decorated with more than 6,000 multicoloured foil covered oral contraceptives trapped in tiny net pockets. The project was funded by the Sciart scheme, run by The Wellcome Trust, which in the past five years has awarded £5.5 million to arts projects that help to increase public awareness of science and stimulate debate about biomedical issues. See www.wellcome.ac.uk/arts

Patients push for out-of-hours

Survey Pharmacists prepared to adapt hours to match GPs and lure patients

Wesley Yin-Poole

Pharmacists could follow GPs in offering more out-of-hours services after a government survey revealed patients want greater flexibility in surgery opening times.

The Department of Health surveyed more than 10,000 patients registered with a GP practice and found more than two-thirds would be content to see surgeries close during the day if GPs offered appointments outside the traditional 9am to 6pm opening times.

Any change to GP hours could trigger copycat adjustments among pharmacists, said Mark Blount, of G R Blount Pharmacy in Dumfies, Scotland. He said: "We are busiest when the GP is open. Pharmacies are driven by GPs. It's a business decision."

Karen Cairns, pharmacist at Murray's Pharmacy in Dumfries, said new services available to pharmacy made opening out-of-hours financially viable. She said: "We have the minor ailments scheme, can write prescriptions and give consultations. It's worth our while."

However, some pharmacists have expressed their concern over the pressure out-of-hours opening puts on them, including long days and extra finances.

The NPA has highlighted the opportunity for pharmacy to meet the needs of patients outside of traditional hours, but slammed PCTs for not doing enough to commission pharmacies to provide out-of-hours service.

A spokesperson said: "If I was a commissioner I would be saying GPs are a big part of primary care, but let's try and open up that opportunity to others. I would be looking at pharmacies. PCTs need to start thinking now."

Business is driven by GP opening times, says Mark Blount

What patients want

- 69 per cent would be content to see surgeries close during the day if GPs offered appointments outside of 9am to 6pm.
- Evening opening (after 6pm) was the most popular choice for extended hours (34 per cent) followed by Saturday opening (29 per cent). Source: DH

News in brief

Wholesalers want review

British wholesalers are calling on health ministers to urgently review the pharmaceutical products supply chain in light of emerging distribution models. These could result in reduced competition between wholesalers and an increased cost to the NHS, the BAPW said.

SPGC seeks AZ talks

The Scottish Pharmaceutical General Council (SPGC) is seeking talks with AstraZeneca, following speculation it could stop twice-daily medicine deliveries.

The SPGC said the move would hamper pharmacists' "ability to deliver the same levels of pharmaceutical care to Scotland's patients".

Women dominate RPSGB

The register of pharmacists in Great Britain is set to become bigger, more feminised and ever more diverse, the RPSGB has forecast.

From its report on the RPSGB registers 2006, the Society notes that there are now approximately 46,000 pharmacists, 4,000 technicians and 12,000 premises registered. It notes that since 2002 the pharmacist register has grown by 1,801 pharmacists (an average of 250 new registrations a month), and that 55 per cent of the pharmacist register is now female – up from 52 per cent in 2001.

NCSO update

The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for the following items for January prescriptions: bisacodyl 5mg gastro-resistant tablets.

SPGC election

The SPGC is calling for contractors to stand for election to its pharmacy contractors' committees.

Nomination forms and a revised model constitution of pharmacy contractors' committees in Scotland are available from the SPGC.

The closing date is February 16, ahead of elections in May.

News in brief

Max acts up

Max Gosney has been appointed C+D's acting news editor. If you have a story that you think we should cover then please contact Max on 01732 377315 or email him at mgosney@cmpmedica.com

Boots steps into China

Alliance Boots has established a foothold in the booming Chinese pharmaceuticals market through a £30 million joint venture. The UK pharmacy giant has taken a 50 per cent stake in China's third largest pharmaceutical wholesaler – GP Corp – through an investment in state-run drug manufacturer Guangzhou Pharmaceutical Company.

The deal is expected to complete in the second half of 2007.

NI premières IP course

Northern Ireland's Centre for Postgraduate Pharmaceutical Education and Training (NICPPET) has gained full accreditation to run the UK's first full independent prescribing course.

The six-module course – the first in the country open to non-prescribing pharmacists – joins the Centre's independent prescribing conversion course for supplementary prescribers. It is open to PSNI-registered pharmacists with two year's experience and support from a medical practitioner, as it also involves 12 in-practice days.

Bristol-Myers tightlipped

Bristol-Myers Squibb has refused to comment on speculation that it is in merger talks with sanofi-aventis to create the world's largest pharmaceutical firm. The companies are understood to have signed a preliminary accord and could merge by September, according to French newsletter La Lettre de l'Expansion.

CD-Rom information

The intelliPharm CD-Rom included in the January 27 issue of C+D is designed to help pharmacists comply with the new contract and includes templated SOPs to help pharmacists successfully deliver essential services. More information at www.intelliPharm.co.uk

MUR support steers rapid rise in delivery

Practice LPCs providing extra help as MUR numbers rise

Ailsa Colquhoun

Hampshire & Isle of Wight (IoW) LPC is hiring extra pharmacists to help contractors push ahead with medicines use reviews.

The two MUR instructors will provide group and, where necessary, one-to-one in situ support to ensure pharmacists get on top of the advanced service.

The scheme forms part of the LPC's MUR support package, which includes pharmacist and support staff training, a practice-sharing newsletter and an MUR mouse mat to sell the service to GPs and patients.

Hampshire pharmacists doubled MUR tallies in under six months

MUR media training

PSNC is running media training seminars designed to help LPCs promote MURs.

The seminars cover how the media works, what makes the news and how pharmacists can raise the profile of their services with the local media, GPs, PCTs and the public.

Hampshire & Isle of Wight LPC chief officer Mike Holden said: "The funding for advanced services is derived from reductions in the price of category M medicines. Only by delivering this service can that funding be recovered. While this remains considerably below potential, it is a significantly improving trend."

Local contractors doubled their average monthly delivery of medicines use reviews to six per pharmacy from April to October last year, according to a Hampshire & IoW LPC poll.

More than 70 per cent of pharmacies said they are offering MURs. Over 30 pharmacies perform more than 10 MURs a month and 16 contractors average more than 25, Mr Holden said.

Sheffield contractors also appeared increasingly on top of the advanced service, according to local LPC research. Pharmacists more than doubled the number of MURs conducted from 370 to 834 reviews over just one month, according to a Sheffield LPC survey. However, 92 per cent of survey respondents said factors such as lack of time and no second pharmacist are holding back further rises.

Are you on top of MURs? Please contact C+D and let us know by calling 01732 377315 or email mgosney@cmpmedica.com

Complan moves into P territory. See p22

Pharmacy in dark on records

IT Level of pharmacist access still undecided

A question mark remains over the level of pharmacist access to electronic patient records as plans for a pilot of the project get under way.

Chief executive of Connecting for Health (CfH) Richard Granger confirmed during a speech at an IT event last week that trials of the system would begin by Easter.

CfH said the pilot, which includes patient data on prescriptions and allergies, was limited to a small number of sites and that evaluation will be carried out with "the relevant professional bodies".

A spokesperson said: "Timing of the introduction of NHS Care Records will not prejudice the process of consultation on access for community pharmacy staff."

Lindsay McClure, head of information services at PSNC, said the absence of a decision on pharmacy access levels to the patient record system was "frustrating".

A spokesperson for the NPA added: "We're having the right conversations and have the right evidence to persuade the Department that it's in their interest and in the interest of patients to get pharmacists on board." **TH**

A Pembrokeshire pharmacist has scooped a top role at the Welsh NHS Confederation. Chris Martin, also non-executive director at UniChem, will represent Mid & West Wales on the group's management committee. Mr Martin outlined plans to champion pharmacy at the confederation, which influences healthcare policy in Wales. "My aim is to ensure that the vital contribution that pharmacists and other healthcare professionals make is fully understood, recognised and appropriately funded by the NHS in Wales," he said.

Script charges under spotlight

Medicines Charge depending on drug benefit

Most NHS prescription charges in England should be scrapped and applied instead to treatments with little or no clinical benefit, according to public health doctors.

Dr Tim Crayford, president of the Association of Directors of Public Health, said 89 per cent of prescriptions are free and there is no logical reason on health grounds to charge people for the remaining 11 per cent, except for everyday medicines like aspirin and paracetamol. **JE**

NEW IN SMOKING CESSATION

THE POWER TO HELP THEM QUIT.[1-3]

- **A new class of oral prescription therapy with a unique dual action:**[1,2,4]
  - **Partial agonist** action: Reduces craving and withdrawal symptoms†
  - **Antagonist** action: Reduces the satisfaction associated with smoking†
- **Significantly higher quit rate vs. bupropion or placebo at 12 weeks**[1,2,5]
- **Favourable safety and tolerability profile in approximately 4,000 treated smokers**[6]

†Based on the Minnesota Nicotine Withdrawal Scale (MNWS) [illegible]

CHAMPIX® Film-Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATIDN - UK. Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1-week titration as follows: Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8-End of treatment: 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high risk of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment*: No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events*: Dosing may be reduced to 1 mg once daily. *Severe renal impairment*: 1 mg once daily is recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease*: Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusis, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55. **2.** Jorenby DE *et al.* JAMA 2006; 296:56-63. 3. Tonstad S *et al.* JAMA 2006; 296:64-71. **4.** Coe JW. J Med Chem 2005; 48:3474-3477. **5.** Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. **6.** CHAMPIX Summary of Product Characteristics.

CHA055a Date of preparation: Nov 2006

Pfizer

New oral prescription medicine

CHAMPIX

varenicline tartrate

Pharmacy helps the aged

Practice Brighton University team wins award for groundbreaking project

Emma Wilkinson

Pharmacists have an important role in helping elderly patients get the best out of their medications, an award winning project at Brighton University has shown.

Pharmacy students discovered that visiting elderly people in their homes to have a one-to-one chat about their medicines use was a vital tool for identifying potential problems or confusion about their prescriptions, said project lead Mike Ellis-Martin.

The six-month project was so successful that the team won a prestigious Higher Education Active Community Fund Award.

Older people who volunteered to take part in the scheme said they were able to ask more questions than they felt able to ask doctors and that they had a much better idea of what each of their medications was for, explained Mr Ellis-Martin, a lecturer in pharmacy practice.

Most of the participants wanted the project to continue and one suggested a 'pharmacy surgery' where you could go to ask questions.

Mr Ellis-Martin said: "I think the real learning we gained was that when patients developed a relationship which goes slightly beyond the initial professional approach they give more honest accounts of their compliance etc."

He added that on subsequent visits the volunteers would detail how they didn't take a particular medicine because it stopped them sleeping, or they couldn't swallow it easily.

Older people would rather talk about medicines with pharmacists than GPs

Find it hard to broach sensitive subjects with customers? See p14 ›

160-year old pharmacy under threat

Legal Islington Council in property sell-off

The future of an historic pharmacy is in doubt under plans for a multi-million pound property sell-off by the local council.

WC & K King Chemist in Finsbury, London, is one of 200 leaseholders who face an uncertain future after Islington Council released plans to realise capital through the sale of property around Amwell Street.

Pharmacist Gilian Davies said she feared that a new landlord would charge rent at an inflated rate. "The patients I've spoken to think it's absolutely disgusting. They can't believe it," she added.

The pharmacy, which has been in the same place since 1839, will be offered the chance to buy the site by sealed bid. A further pharmacy in Roman Way is also affected.

A council spokesman said: "We don't believe councils are here to manage a commercial property portfolio. Selling these properties gives the occupants an opportunity to buy, and provides money to improve local council services." **TH**

Wales busts 53 fraudsters

Wales But no sanctions for pharmacists

Welsh fraud investigators secured 53 sanctions against NHS employees and contractors during 2005-06.

This included 24 civil, 15 criminal and 14 disciplinary sanctions against doctors, dentists and nurses – but none against pharmacists, the fraud squad has confirmed.

In total Welsh counter fraud officers recovered £1,079 million worth of NHS fraud in Wales, a big increase on the £106,624 recovered during 2004-05. They specifically picked out for praise the vigilance of pharmacy staff, who helped alert police to a patient handling forged prescriptions. **AC/EW**

Manichem, a Reading-based pharmacy multiple with 38 branches across the south of England, is investing in Retail Skills training for its counter staff. More than 30 people are piloting the course, which is offered through C+D and Hamacher, and supported by OTC manufacturer SSL International. Pictured here are, from the left : Susie Hearne, Tonilee Dennis, Maggie Wenden and Barbara Alcock from the company's Pangbourne branch. For further information call 01732 377269, or visit www.dotpharmacy.com/retailsk.html

Reprimand for pharmacist

Statutory Committee Behaviour inappropriate

A Jersey pharmacist accused of abusing and grabbing two female members of staff and dragging one out of the store where they worked has been reprimanded.

Chair of the Royal Pharmacueutical Society's Statutory Committee, Lord Fraser of Carmyllie QC, said that at the time of the "personality clash" at Phipps Chemist, Five Oaks, Jersey, Dr Lyndon Lien Sun Wou "was under stress because of anxiety about his mother's health". He said he had worked in America where he had an "excellent career", and had gone to Jersey to look after his parents, who he was "very worried" about.

The committee was told that locum assistant Ruth Gledhill was subjected to his behaviour in October 2004 when he grabbed her left arm, digging his fingernails in. He pushed her backwards against the counter, pushing her arms up across her chest. He was cleared of putting his hands around her neck and squeezing her throat before releasing her.

The other incident was said to have involved pharmacy assistant Lillian Parry. She claimed he had grabbed her arm tightly and dragged her through the pharmacy's front door and into the car park opposite.

Dr Wou had admitted his behaviour towards the two women had been "inappropriate".

News in brief

EPS user concerns

Independent pharmacists who attended Cegedim Rx's first user group meeting in Chertsey expressed concerns about the nomination function of EPS and the changing processes that the system would bring to their work. Contractors said there was potential for the nomination function to be abused by prescribers and used to direct prescriptions to certain pharmacies.

Numark opens up training

Numark has opened its training workshops to non-members for the first time. They will cover medication reviews for pharmacists and VMS for assistants. The UK tour will run from February 1 to March 22. To register, contact Betty Kelly on 01827 841205.

Your letters

House of Commons reception kicks off centenary celebrations

We are delighted that our pharmacy graduate, Sandra Gidley MP (Bath BPharm graduate 1978, née Rawson) has invited 150 alumni and staff to start the Bath Centenary Celebrations with an evening reception at the House of Commons.

There will be wine and canapés in the Terrace Pavilion on Wednesday March 7 from 7pm to 9pm; tickets are £29 each. There are only 150 tickets available so we are asking alumni who would like to purchase one or two tickets to email Hannah Joyce at h.joyce@bath.ac.uk or write to her at the University of Bath.

We want all our pharmacy and pharmacology alumni to be aware of our centenary celebrations. One of our aims is to contact the majority of our 3,000 graduates in the hope many will spend some of 2007 at events in Bath.

We are delighted that many friends and supporters of the department have already planned to come and participate in our events. Our main activities are scheduled for July 4 to 7.

I encourage all our alumni to participate in our celebrations this year, especially the initial event at the House of Commons, and then the gala dinner on Saturday July 7, which is the official centenary date.

The centenary programme can be found at www.bath.ac.uk/pharmacy/centenary/index.shtml

Richard H Guy PhD, professor of pharmaceutical sciences, head of department, Bath University

News in brief

Social pharmacy chair

Karen Hassell of the University of Manchester's School of Pharmacy has been appointed to a new chair, in social pharmacy.

Professor Hassell, currently director of the Centre for Pharmacy Workforce Studies, said she was keen to extend "workforce research into other healthcare disciplines".

Midcounties expansion

The Midcounties Co-operative pharmacy group has purchased three pharmacies in Oxfordshire and Gloucestershire to take the number of pharmacies in its portfolio to 37.

RPSGB exam site

The RPSGB has launched a website to help students pass their pre-registration exam. The passtheprereg.com service targets trainees who have already failed the test.

Pharmacy Champions

Pharmacists leading the way

Name
Herbert (Bert) Jones

Pharmacy
Linthorns, Birmingham

What has he done?
Worked for nearly 40 years as a pharmacy technician at Linthorns and has a refreshing approach to pharmacy

Why did you choose pharmacy as a career?
When I was 14 years old I got a job working in a local pharmacy at Weoley Castle Square in Birmingham after school. My hours were 5pm to 6.30pm and from 9pm to 1pm on Saturdays. My duties were washing medicine and tablet bottles, cleaning shelves, checking goods and putting them away.

When I left school, work was hard to find and the pharmacist, Mr Waller, asked me if I wanted to work full time. I worked for him until he retired in 1967, except for two years during the war when I served in the Royal Army Medical Corps.

I have stayed with Linthorns for all these years because they are like a family business – you are not just a number as you would be if you worked at a large multinational company. You can talk to anyone up to the managing director by just picking up the phone.

How has the role of a pharmacy technician changed?
It has changed out of all recognition. In the 1960s we had to make up stock mixtures, ointments, lotions and mouthwashes. Labels were handwritten and included just the dose and the patient's name – the handwriting would get a bit sloppy as the day wore on, or if we got busy.

We had a prescription test each year, but you could spot a test prescription easily because the man presenting it was always smartly dressed, carried a briefcase and wore a bowler hat.

After a few years we were supplied with a typewriter and started putting the name of the drug at the top of the label, with the dose, patient name and date. The first computer we had was a John Richardson, which made the process much simpler.

What have been the three biggest changes in pharmacy?
Computerisation, the new pharmacy contract and the technicians' dispensing training course.

What training have you had?
Linthorns is very hot on training for all of the staff. I'm learning how to use the computer and the pharmacist would like me to help with blood pressure and diabetes tests after I have been trained.

What do you think is the future role for a pharmacy technician?
We will take more responsibility in the dispensary to free the pharmacist to carry out more advanced and enhanced services under the new pharmacy contract. We will therefore need further training.

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CMP ABC PPA

recycle

Comment from the editor

Could fitness to practise referral become 'trial by media'?

Innocent until proven guilty – isn't that how it's meant to be? Well yes, it would appear so, unless you are a health professional.

As the government's legislation to update the Royal Pharmaceutical Society's regulatory powers is being debated in parliament, one of the key issues under discussion has been the requirement for the Society to inform ministers, local PCTs and the person's employer when an allegation is referred to its fitness to practise committee.

For serious cases that could put patient safety in jeopardy, this is a right and proper course of action. But what happens if the accusation levelled at the pharmacist is malicious and with no standing?

And if such allegations against the pharmacist and possibly his or her employer are made public, can you imagine the headlines in the tabloids? And what recourse will defendants have to compensation for the damage to their reputation?

According to the House of Lords debate, the Society had – quite rightly – raised concerns about this issue and suggested that notification needn't be mandatory but be discretionary and subject to clear rules.

But this proposal has not been accepted by the government. It argues that patient protection necessitates that employers are informed immediately and that as procedures would be followed before an allegation was made public, it would not be a knee-jerk reaction.

This only serves to highlight the thorny position the RPSGB might find itself in as it seeks to fulfil its two roles. While it must carry out its duties within the context of the public benefit, it seems that this must come before its duty to its members.

As community pharmacy faces up to a challenging year, it is surprising to note the number of top jobs that have been vacated recently.

Colin Baldwin has retired from the CCA, Frank Owens and Barry Andrews have admirably served the SPGC and PSNC respectively, and now a week after Ann Lewis announced her retirement from the RPSGB, John D'Arcy has surprised us with news of his departure from the NPA.

Mr D'Arcy's move will leave a void at the NPA. He has been a huge and capable influence for pharmacy and, at a time when community pharmacy is carving out a new role in the modern NHS, it will be imperative that the empty posts are filled quickly and with the best candidates. Or could this be a suitable time for some consolidation among pharmacy organisations?

What happens if the accusation levelled at the pharmacist is malicious and with no standing?

Your views

A word in your ear

Broaching sensitive issues with customers can be awkward but new resources should make it easier

One month into 2007 and statistics show that many of those new year resolutions that were made with such conviction have already fallen by the wayside.

All the good intentions to take more exercise, lose weight, stop smoking and ease up on the alcohol have now taken second place as earning a living and just getting on with life have taken priority.

But, that's not to say that many of your customers won't still be trying hard to live healthier lives so you could have a great opportunity to help them achieve their goals.

Helping to promote healthier lifestyles is now an essential part of the community pharmacy contract in England and Wales and many pharmacists do already discuss public health issues as a norm – but where do you fit in?

Could you do with a little help in instigating a healthier lifestyle conversation with your patients? A conversation with Mr B who is constantly suffering from sore throats and bronchitis and yet smokes 40 cigarettes a day? Or with Mrs S who has type 2 diabetes and is having trouble controlling her blood sugar levels, but you can see that she is at least five stone overweight? And your customers who are struggling with their drinking and drug-taking habits. How can you help without them taking offence or jeopardising your professional relationship with them?

Initiating a conversation on any sensitive issue can be really difficult and it doesn't always sit comfortably with community pharmacists. After all, the majority of pharmacists' undergraduate training is science-based and – unlike GPs' training – they have had very little exposure to the general public during their undergraduate years. Even the pre-registration year often involves 'hiding' away in the dispensary, dispensing dozens of scripts each day.

But fortunately things are changing. Schools of pharmacy are bringing in more communication training and joint medical and pharmacy sessions as part of the curriculum. Community pharmacy is catching up with hospital pharmacy, now that pharmacists can carry out one-to-one medicines use reviews with patients and be paid accordingly.

In addition, as part of the implementation work around Choosing Health Through Pharmacy – a Programme for Pharmaceutical Public Health 2005-2015, PharmacyHealthLink has been commissioned by the Department of Health (England), in consultation with the Choosing Health Implementation Group, to produce training materials for pharmacists. This work is being generated as a direct result of pharmacists' concerns about giving public health advice to patients and will make it easier for community pharmacists to make 'brief interventions' and give 'brief advice' on sensitive issues such as stopping smoking, diet and nutrition and exercise.

The training materials will include 'prompt cards' and patient leaflets and will be sent to community pharmacists at the beginning of March. There will also be a dedicated public health website available with the opportunity to download all the relevant information.

Miriam Armstrong is chief executive of PharmacyHealthLink

Xrayser

A backward step too far

The threat of ethical deliveries being cut to once daily has been around for some time, but I always assumed that such a retrograde step would never be allowed to happen. It looks less likely, however, that anyone is able or willing to stop the wheels of a free market from turning (C+D, January 27, p4).

While studies would probably show only a few problems resulting from patients having to wait another 18 hours for their drugs, it must be preferable that they don't have to wait at all. Even if we drastically increased our stockholding we would never be able to keep everything all the time, and patients may inevitably have to go without for a day or so.

As always, it is the worst off in society that will suffer most. No, not pharmacists but the housebound. Our delivery driver does his deliveries in the afternoon, so currently if something is out of stock in the morning it will get delivered that afternoon. But if we only have one delivery in the morning our housebound patients will have to wait for more than 24 hours (or more than 72 hours if it's a Friday) for their medication. And these people don't have the option of shopping around to find their medication in stock. How can that ever be considered modern, effective healthcare?

I've only been able to take on the extended roles that I have, using time freed up from tedious ordering, unpacking and invoicing procedures. I will never be able to fully engage with more clinical roles if more of my time is wasted on unnecessary administration.

This is all being dictated by pharmaceutical companies and there is probably little the government can do to intervene. But while we still have an existing wholesale distribution network in place, the cost of that extra afternoon delivery must be minimal.

Someone should be weighing up the national cost/benefit ratio of these extra deliveries compared to that of, say, more heart transplants or hip replacements.

This all plays into the hands of operators such as DHL, which are waiting in the wings to take over the distribution network. They could easily match our once-daily service and they could even deliver prescriptions direct to patients, cutting out the pharmacy altogether. This is not progress.

Patient pack palaver

Patient packs are a great idea but it's a real shame that we've never been able to get maximum benefit from them. All the ridiculous red tape and lack of co-operation from some manufacturers make them just one more administrative burden.

It's obvious that encouraging GPs to prescribe in patient pack sizes isn't a good idea (C+D, January 27, p6). As if they didn't have more important clinical matters to occupy their time. Pack sizes should be tailored to healthcare needs, rather than the other way round.

If GPs did prescribe in patient pack quantities it would save us a bit of scissor work, but patients on regular repeat prescriptions would find their quantities, and re-order dates, getting out of synch. This would disrupt much of the good work being done under the repeat prescription service.

Why on earth can't all drugs be packed in 28s and all prescriptions, unless specifically requested, be for 28 days' supply? Is this just too easy?

Northern Ireland Notebook

The cost of representation

PSNI has impressed me: a business plan that reads like a business plan is encouraging indeed. I can now see how our profession could retain a local regulatory role, but the cost of this will be great and the question must be asked if the expense and effort is worth it. I remain unconvinced that the PSNI business plan represents a better option to a merger with the Royal Pharmaceutical Society.

However, if PSNI is to make the sharp and painful rises in the annual retention fees it is proposing, it must make a business case and consult with the profession. Only then can it seek permission for the rise from DHSSPS.

Things are different, it seems, for PCC. No consultation was undertaken on the recent levy rise and I was simply notified by letter that there would be an increase. The letter did say the Committee had agreed the increase and went on to give some explanation as to why it was justified. I'm sure the hike is necessary and, this being the year in which a new pharmacy contract is likely to be agreed, PCC has a considerable workload on hand.

PCC has some way to go before it achieves the level of transparency expected from all organisations

It's not the money but the process that concerns me. PCC is now a body corporate yet it seems to remain relatively unaccountable. I am, in some way, a member of this limited company and am keen to know if I will see annual accounts or the chairman's annual report.

There is little doubt PCC works hard on behalf of contractors and it delivers results. I accept some details of its negotiations with government cannot be put into the public domain and to be fair I have had more information about its work in the last year or so than ever before. Yet PCC has some way to go before it achieves the level of transparency expected from all organisations given the current political climate and I am surprised DHSSPS allowed this levy rise without ensuring contractors had an opportunity to comment.

Written by a pharmacist practising in Northern Ireland

A Practical Approach...

At the Update Pharmacy the dispensing team of pharmacist David Spencer, pre-registration trainee Julia O'Reilly and dispensing technician Brenda Peters are holding one of their regular review meetings.

Item three on the agenda is controlled drugs. David opens the discussion by saying he thinks it is about time to review the standard operating procedure on disposal of schedule 2 CDs, in view of several changes in the regulations on this class of drugs in the last year.

"How do you think we ought to do it?" he asks.

Brenda replies: "I think the basic structure of the current SOP is fine, we just need to check what has changed and bring it up to date."

"Fine," says David, handing round photocopies of the current SOP. "Let's remind ourselves what's in it."

"Basically," says Brenda, "it covers returned drugs and stock that's gone out of date, then some general points about disposal followed by specific information for different dosage forms."

"So we just need to check our current SOP against the latest information and see if there is anything to be changed or new to be added," Julia says.

David replies: "Yes, that should do it, I think. And Julia, I think this will be another excellent training exercise for you."

"I thought you might say that!" says Julia.

Questions

1. What are the essential points that should be in the SOP, but leaving out details of destruction of different dosage forms? (If you practise in Scotland or Wales, point out any differences that apply to disposal of CDs between England and the country in which you work).
2. What is the latest source of guidance on this topic?

CPD

This article can help in the following CPD competencies: G1h, G1j. See www.tinyurl.com/194zu

A Practical Approach... last week's answers

1. Fiona's headaches may be due to a side effect of venlafaxine. It is a serotonin and noradrenaline re-uptake inhibitor (SNRI) and can cause migraine-like headaches because of its action on central serotonin pathways.
2. David could recommend a reduction in dose of venlafaxine, but it may be time to review whether Fiona still needs it at all. If it is withdrawn it should be done gradually over several weeks, otherwise it might produce several unpleasant symptoms.
3. If venlafaxine is continued and sumatriptan is used, as both are serotonin agonists they may produce a serotonin syndrome, a combination of several unpleasant physical and mental symptoms. Serotonin syndrome can be fatal.

C+D Clinical

Treating cystitis and PMS

Clinical features and OTC treatments for cystitis and premenstrual syndrome

Alan Nathan

Many women suffer from cystitis and premenstrual syndrome at some stage in their lives and large numbers of remedies are sold. This article looks at the OTC management of these conditions.

80 per cent of menstruating women suffer some adverse symptoms before menstruation; 40 per cent of women have PMS

Cystitis

Clinical features :

Causes

• Cystitis is an inflammation of the bladder and urethra. Microbial infection of the lower urinary tract is the cause in about half of all cases, the main organism being E coli. The female urethra is short (about 3cm) and organisms are readily transferred from the perineum and anus to the bladder.

Epidemiology

• Cystitis is common in women, affecting over two million per year in the UK.

• 50 per cent of women have at least one attack in their lifetime.

• Urethral syndrome, which affects 20 to 30 per cent of adult women and may have one of several functional or psychogenic causes, has similar symptoms to cystitis caused by infection.

• Cystitis is uncommon in young men, as in men the urethra is longer than in women. Also, prostatic fluid is thought to possess antibacterial properties. Cystitis is more frequent in older men, where it may be due to prostatic disease or bladder neoplasms.

• Cystitis is uncommon in children.

Symptoms and signs

• Abrupt onset. Attacks often begin with an itching or pricking sensation in the urethra.

• Frequent desire to urinate, although only a few drops may be passed.

• Dysuria – burning or stinging when passing water.

• Urine may be dark and cloudy, and have an unpleasant 'fishy' odour.

• There may be raised temperature or fever.

• Pain in the suprapubic area or lower back may be felt.

Differential diagnosis

• Pyelonephritis. Infection of the upper urinary tract – ureter and kidney. Patients generally have loin pain (ie in the back at about the level of the kidneys) and symptoms of systemic infection.

• Sexually transmitted diseases, particularly chlamydia and gonorrhoea. Symptoms develop more slowly and persist for longer than with cystitis. There is usually pus in the urine, making it cloudy and foul smelling.

• Parasitic infection – schistosomiasis and bilharzia – usually contracted in the Middle East or North Africa. If suspected, ask about recent foreign travel.

• Oestrogen deficiency in postmenopausal women. Thinning of the endometrial tissue increases susceptibility to irritation, trauma and cystitis-like symptoms. It can be corrected by HRT or topical oestrogens. Vaginal lubricants can be used if symptoms are caused by intercourse. 'Honeymoon cystitis' may occur in younger women from increased sexual activity.

• Contact dermatitis caused by use of bath additives, vaginal deodorants, etc.

Referral criteria

• All males

• Pregnant women

• Children

• Blood in urine (although this does not necessarily have serious implications)

• Vaginal discharge (indicates vaginal infection

The College of Pharmacy Practice

This course (module 1395), in association with multiple choice questions being published in C+D March 3, provides one hour's continuing education

CPD

This article can help in the following CPD competencies: G1a, G1c, C1a, C1b. See www.tinyurl.com/194zu

of fungal or bacterial origin)
• Loin pain and tenderness (may indicate infection in the kidneys or ureters)
• Fever
• Symptoms persisting for more than two days
• Recurrent attacks.

Associated advice
To treat attacks:
• Dilution of urine and 'flushing through' of any causative organisms by drinking large quantities of fluids – water, soft drinks and barley water.
• To reduce the possibility of attacks:
• Void the bladder completely when urinating: wait for 20 seconds once the bladder feels empty, then strain to squeeze out the final drops.
• Avoid delay in emptying the bladder; pass water at least every three hours.
• After bowel motions, wipe from front to back to minimise transfer of faecal organisms to the vagina and urethra.
• Cystitis is often associated with sexual intercourse. If this seems to be a trigger, wash the perianal skin beforehand and empty the bladder before and after. Use a lubricant to prevent trauma and soreness.
• Avoid tight trousers and underwear made from synthetic materials. Thoroughly rinse out detergent after washing clothes.
• Avoid perfumed bath additives and vaginal deodorants, as they may be irritant.
Reduce intake of coffee and alcohol as these act as bladder irritants in some people.
There is evidence that drinking cranberry juice regularly (300ml per day) is prophylactic.[1]

OTC treatment
Currently, only symptomatic treatment for cystitis is available without prescription. An application has been made for the reclassification of trimethoprim from POM to P, but no product is yet available.

Alkalinising agents are the only specific OTC treatments. They act by neutralising the urine, which becomes acidic in cystitis particularly when there is bacterial infection, causing bladder irritation. However, there appears to be no clinical evidence to support their use.

Proprietary preparations contain either sodium or potassium citrate or sodium bicarbonate. They are supplied as two-day courses of single dose sachets or effervescent tablets, taken three times daily in a large glass of water. The full course should be completed, even if the symptoms have gone.

A formulary preparation, Potassium Citrate Mixture BP, is as effective as other preparations but less palatable. Sodium bicarbonate, 3g (a level teaspoonful) in water every two hours until symptoms subside, can also be used. If symptoms persist after two days of alkalinising treatment, the patient should be referred to a doctor.

The sodium content of alkalinising preparations is high and can cause fluid retention and raised blood pressure. They should therefore be avoided in hypertension, heart disease, diabetes or impaired renal function, and by patients taking lithium, as sodium is preferentially absorbed by the kidney resulting in increased excretion of lithium and reduced plasma concentrations.

There is a theoretical risk of hyperkalaemia with preparations containing potassium citrate and they should be avoided in patients taking potassium-sparing diuretics, spironolactone and ACE-inhibitors, and in heart or kidney disease.

Paracetamol or ibuprofen can be used to relieve pain and reduce temperature.

Premenstrual syndrome (PMS)

PMS is defined as distressing physical, psychological and behavioural symptoms that are not caused by organic disease and regularly recur during the same phase of the menstrual cycle, and significantly regress or disappear during the remainder of the cycle. Symptoms usually start five to 11 days before menstruation and usually stop when menstruation begins or soon after.

The term premenstrual dysphoric disorder (PMDD) describes a condition with more severe symptoms, which can cause major disruption to life and relationships.

Clinical features
See Table 1 above.

OTC treatment
Pyridoxine (vitamin B_6) A proposed rationale for action is in Table 1 above. Clinical trials have produced conflicting evidence of effectiveness, but a meta-analysis concluded that doses of pyridoxine of up to 100mg per day are likely to be of benefit in treating premenstrual symptoms and pre-menstrual depression.[2]

The recommended dose for PMS is 100 to 200mg daily for three days before the onset of symptoms until two days after the start of menstruation, or 50 to 100mg daily throughout the month. Patients should be warned about signs of toxicity, such as tingling or numbness in the hands and feet. Treatment should be discontinued if there is no benefit in three months.

There has been some controversy over safety. Pyridoxine is GSL, but high doses (2,000 to 7,000mg daily) have been associated with peripheral neuropathies, although these are generally reversible on discontinuation of the drug. At one time the government was proposing to reclassify pyridoxine, making products of strength 50mg and over POM, 11mg to 49mg P, with preparations containing under 10mg per dose remaining GSL, but it is yet to do so.

There are no proprietary licensed medicines containing pyridoxine apart from

Table 1: Clinical features of premenstrual syndrome (PMS)

Causes
• The cause of PMS is unknown but as it does not occur before puberty, during pregnancy, after the menopause or in women who do not ovulate, it is associated with ovulation.
• Several theories have been put forward to explain PMS. One suggests an imbalance between progesterone and oestrogen in the luteal phase of the menstrual cycle, leading to raised levels of oestrogen, which inhibit the biosynthesis of pyridoxine (vitamin B_6). Pyridoxine is a co-enzyme in the final step of the biosynthesis of serotonin, a neurotransmitter known to have potent effects on mood, and its deficiency may contribute to the depressive symptoms.

Epidemiology
• It is estimated that about 80 per cent of menstruating women suffer some adverse symptoms before menstruation. Forty per cent of women have PMS, 10 per cent severely enough to require treatment.
• Patients are usually over 30 and symptoms often worsen with age until the menopause.
• The condition may become evident following childbirth or disturbing life event.
• Premenstrual dysphoric disorder is believed to affect 3 to 5 per cent of women of reproductive age, where the symptoms can disrupt normal functioning and quality of life.

Symptoms and signs

Physical:
• Fluid retention and weight gain
• Breast tenderness and fullness
• Bloated abdomen
• Change in bowel habit.

Psychological:
• Irritability
• Anxiety
• Depression
• Changes in sleep, appetite and libido
• Tiredness.

Behavioural:
• More prone to accidents, suicides, criminal activity.

Differential diagnosis
• PMDD is diagnosed if at least five of the above signs and symptoms have been present to a marked degree, in the week before menstruation for most months of the previous year.

When to refer
• More than mild psychological problems.
• If three months of OTC treatment have been ineffective.

Treatment
See main text below.

some multivitamin preparations containing very small amounts, but 10mg, 20mg and 50mg non-proprietary tablets remain available together with proprietary products marketed as health supplements.

***Agnus castus* (chaste tree) fruit extract** The fruits of Vitex *agnus castus* (Verbenaceae) have traditionally been used to relieve PMS and other menstrual problems. Compounds similar in structure to the sex hormones have been isolated from some parts of the plant, and the effects of *agnus castus* have been described as similar to those of the *corpus luteum*. A prospective, randomised, placebo-controlled study found *agnus castus* to be considerably more effective than placebo across a wide range of premenstrual symptoms.[3] Few adverse effects were reported. No preparations of *agnus castus* are available as licensed medicines, although there are food supplements.

Ammonium chloride One proprietary product, containing ammonium chloride 325mg and caffeine 100mg, is marketed as a mild diuretic for premenstrual water retention. Ammonium chloride is absorbed from the gastrointestinal tract and is converted into urea in the liver, which acidifies the urine and produces transient diuresis. The caffeine content is equivalent to that in a cup of coffee; it has mild diuretic activity and is presumably also included as a stimulant to lift mood. Reducing sodium and water intake for a few days before a period may reduce fluid retention as effectively.

The recommended dose is two tablets three times daily for four or five days before a period, stopping when menstruation starts. Ammonium chloride irritates the stomach, so the tablets are enteric coated. The product is contraindicated in patients with renal or hepatic impairment. Because it acidifies the urine, ammonium chloride may cause bladder inflammation, and excessive use may result in metabolic acidosis.

Evening primrose oil EPO is a rich source of gamma-linolenic acid (GLA), a precursor of prostaglandin E_1, which is believed to be important in moderating responses to hormones associated with the menstrual cycle. One theory explaining some PMS symptoms is that sufferers have low levels of GLA. This deficiency is believed to be responsible for breast pain, as prostaglandin E is depleted and not available to down-regulate the response to prolactin, the hormone primarily responsible for lactation and which causes the breast engorgement and tenderness that some women experience before a period. At one time EPO was licensed for use and allowable on the NHS to treat cyclical mastalgia. However, a systematic review concluded that EPO was of little value in managing PMS.[4] All these preparations have now been withdrawn and there are no licensed medicines containing it, although it remains available in food supplements.

Alan Nathan BPharm, BA, FRPharmS, is a pharmacy writer and consultant, and visiting lecturer at King's College London. Some of the information in this article is based on material in his book, 'Non-prescription Medicines' (3rd edition), published by the Pharmaceutical Press.

Continuing Professional Development CPD

Reflect

Are you able to offer rational advice to women who suffer from premenstrual syndrome? Is any OTC treatment effective? Can you list six occasions when you should refer cystitis symptoms to a GP?

Plan

By reading this article you will refresh your knowledge about the causes, symptoms and treatment of cystitis and premenstrual syndrome, together with useful advice you might give to patients.

Act

Cystitis: You have been selling alkalinising agents to relieve the symptoms of cystitis for years. Now this article suggests there is no clinical evidence for this. Can you find any substantive evidence on the web that shows alkalinisation of urine relieves the symptoms of cystitis? Two pages published by the US National Center for Biotechnology Information to start you off can be found at http://tinyurl.com/2d276z and http://tinyurl.com/247ed8

Following this thought, record in your practice workbook the responses of patients who have used alkalinising agents to treat the condition. What percentage say it was useful? How many state it did not work?

In your practice workbook list the symptoms requiring referral. Make sure your medicines counter assistants know these limitations.

Premenstrual syndrome: There are more suggested symptomatic treatments available in the USA. Using the web, find out more. Why do we (in the UK) not use some of these?

A difficult and sensitive task is to try to find out personal facts about premenstrual syndrome. Distribute an anonymous questionnaire among your female staff asking about their experience of PMS. Do the same to selected regular patients. Do these results reflect the symptoms in the article?

Do you know any patients who are prescribed medicines to relieve the symptoms of PMS? Which drugs are prescribed? Are many of them mood-altering drugs? How about drugs that affect physical symptoms?

Evaluate

Do you now feel you can give better advice to patients suffering from either of these two conditions? Do you need to know more? PMS patients may be difficult to approach. Have you learnt enough to make such an approach? If not, think about how you should deal with this problem.

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the March 3 issue, which will cover this week's CPP-accredited module, together with those in the February 17 and 24 issues.

These will cover:
Treating cystitis and PMT (1395)
Diabetes part 1 (1396)
Diabetes part 2 (1397)
A telephone marking service offers independent verification of results (see the monthly MCQ papers in C+D for details). If you wish to register for Pharmacy Update, please contact Pauline Sanderson on 01732 377269.

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Cochrane report favours smoking cessation drug

Cochrane reviewers have given the thumbs up to the newly licensed smoking cessation aid, varenicline.

A review of the trials to date of the partial nicotine receptor agonist concluded that it increases the chance of quitting successfully threefold over willpower alone.

Around 5,000 people have taken part in six randomised controlled trials of varenicline versus placebo or bupropion.

The pooled odds ratio for continuous abstinence at 12 months for varenicline versus placebo was 3.22.

The main adverse effect of varenicline was reported to be mild to moderate nausea, which subsided over time.

The reviewers also reported that studies so far had shown the drug was better at helping people quit than bupropion.

Varenicline is the first of a new class of smoking cessation drugs to be licensed that directly block the nicotine receptor, theoretically reducing the craving for nicotine but also producing less of a rush if someone smokes a cigarette while taking the drug.

However, the team from Oxford University said the usefulness of varenicline in preventing smokers falling off the wagon and taking up the habit again had not yet been proven.

Study leader Kate Cahill said: "What we need now are some trials that make direct comparisons between varenicline and nicotine replacement therapy."

Nice is currently assessing whether the drug should be a first-line treatment.

For more information:
www.cochrane.org

Long-term opioids are 'acceptable'

GPs should not be afraid to prescribe long-term strong opioid medication for people with chronic non-cancer pain, a study of patient need suggests.

Despite evidence-based guidelines supporting the appropriate use of strong opioids, such as morphine or buprenophine, in these cases fears of intolerance and addiction limited their prescription, said the study team from a general practice in Devon.

A focus group and individual interviews with patients taking long-term opioid medication showed that patients were willing to trade-off concerns over possible addiction for benefits of pain relief.

The researchers also reported high levels of distress and psychological impairment in the patients they interviewed.

Study leader Dr David Seamark said: "The prevalence of chronic pain is likely to increase with an ageing population and the use of strong opioid medication in primary care may increase."

He called for further studies to investigate the barriers to GP prescribing of the drugs and how confident they are in monitoring the treatment.

A second study found patients being treated in UK general practice for musculoskeletal pain actually had the same characteristics as those suffering from chronic widespread pain.

The Keele University researchers said general pain management strategies rather than treating each syndrome separately may improve patient outcome.

For more information:
British Journal of General Practice 2007; 57: 101-109, 109-115

Drug advice for heavy menstruation

Nice has urged the use of drug therapies and minor surgery over hysterectomy for women suffering from heavy menstrual bleeding.

New guidance recommends the levonorgestrel-releasing intrauterine system as the first-line option followed by tranexamic acid, NSAIDs, combined oral contraceptive and oral or injectable progestogen as second-line options.

The Institute said too many women were afraid to seek help for the condition, fearing a hysterectomy was the only option.

In brief

Teva UK has launched a generic version of Bristol-Myers Squibb's Half Sinemet CR and Sinemet CR. The POM carbidopa with levodopa treatment for parkinsonism is available in packs of 60 CR tablets of 25mg/100mg and 50mg/200mg.
www.tevauk.com

Nice has again refused to recommend cetuximab (Erbitux,) despite an appeal by cancer charities Bowel Cancer UK and Cancerbackup. The charities argued that the treatment is more cost-effective than others that have been recommended by Nice.

The Health Protection Agency has published new guidelines on malaria treatment. The best-practice guidance lists three main therapeutic options for the treatment of uncomplicated falciparum malaria in adults in the UK – oral quinine plus doxycycline (or quinine plus clindamycin in certain circumstances), co-artem or atovaquone with proguanil.

A topical anaesthetic spray may be an effective treatment for premature ejaculation, suggest the results of a UK study. A randomised study of 54 men showed a spray delivering 22.5mg of lidocaine and 7.5mg of prilocaine in three metered spray doses prolonged ejaculation by five times compared with controls.
BJU International 2007; 99: 369-75.

Austrian researchers have reported a novel way of increasing the potency of current antiobiotics by administering them in the presence of certain bacteriophages. The bacteriophages channel through bacterial cell membranes, disrupting the bacterium's ability to "throw out" the antibiotics.

The RPSGB Law & Ethics Committee is calling for pharmacists to be alert for unusual requests for products containing ephedrine or pseudoephedrine. Commonly used in cold remedies, these ingredients can be used to synthesise the street drug methamphetamine, which has recently been reclassified as Class A.

Specific allergen injection immunotherapy is effective in patients with seasonal allergic rhinitis, a Cochrane review has concluded. Further reviews of oral, nasal and sublingual immunotherapy treatments are planned.

Another Cochrane analysis published this week concludes that the available evidence does not support the use of beta-blockers as first-line treatment in hypertension. The analysis found they had only a small effect in reducing stroke and had little effect in coronary heart disease compared with placebo.

Complan moves into P territory

Complan has entered new territory with the introduction of a P product, intended primarily to fulfil prescriptions.

The Complan Shake, approved by the Advisory Committee on Borderline Substances, has an enhanced vitamin and mineral profile compared with existing Complan products, and is tailored for the over 50s. Two servings provide 100 per cent RNI (reference nutrient intake) of essential vitamins, says Complan.

Speaking to C+D, Andrew Leek, Complan MD, comments: "This takes us into a whole new area. The OTC market is only small, the prescription market is much bigger. The launch opens up more choice for patients."

Price: £3.26 (NHS)
Pack size: 4x57g
Pip codes: vanilla 324-3110, strawberry 324-3102, chocolate 324-3094

Product info:
Norgine
Tel: 01895 826600
www.complanfoods.com

Eyes right with Agepha

Two brands have been introduced to the UK by Agepha. Ocusan is a preservative-free, elastoviscous eye-drop product containing sodium hyaluronate (0.15 per cent).

It regenerates the tear film, moistens the surface of the eye and enhances lubrication. Contact lens wearers can use the product to relieve discomfort, adds Agepha.

Macusan is an antioxidant dietary supplement containing vitamins C and E, zinc, selenium, copper, lutein, zeaxanthin and ginkgo.

The regular product contains 10mg lutein/ zeaxanthin and 30mg ginkgo, while Macusan Plus contains 20mg of the ingredients.

Prices, pack sizes and Pip codes:
Ocusan £5.25/20x0.35ml, 325-7995, £11.95/60x0.35ml, 325-8001; Macusan £19.99/30, 325-7979; Macusan Plus £21.99/30, 325-7987

Product info:
Agepha UK Ltd
Tel: 01908 579199
www.agepha.com

Products in brief

Smart launch from Braun

The SmartControl3 is the latest addition to the men's shaving [illegible] from Braun. The foil shaver [illegible] cutting system with a 'smart foil' that has computer-designed holes shaped to trap facial hairs growing in different directions.

The shaver can be washed under running water and three models are available. PR and in-store activity support the launch.

Prices: £49.99 to £69.99
Braun; tel: 01932 896000

Spray your way to daily vits

Multivitamin Spray has been launched by Cellfood. Sprayed under the tongue six times a day, the product provides 12 vitamins at near or above the 100 per cent RDA level, says Cellfood.

The formulation further includes Cellfood's oxygenating mineral formula, a cryogenic extract of sea water, mineral springs and lignite containing fossilised plants, amino acids and enzymes. Nutrients in the spray are laser treated so they can be used more efficiently by the body, adds Cellfood.

The vitamins are absorbed more fully by the body when taken as a spray rather than pills, claims the company. It is suitable for children aged four years and over, adults and the elderly.

Price: £27.50/30ml

Product info:
HeavenEarth Ltd
Tel: 01291 689676
www.cellfood.co.uk

Ads make for gripping viewing

Poligrip Comfiseal Strips are being supported with a £600,000 above-the-line package spanning TV and press advertising.

Ads are running on satellite TV and the Pharmacy Channel during February featuring a confident denture wearing career woman. A product demonstration and the strapline 'A new way to hold your dentures all day' combine to emphasise the product's strong all-day hold, says GSK.

Reinforcing the TV message, press ads are running in consumer titles targeting the 50+ age group including You, Reader's Digest and Woman's Weekly.

Product info:
GlaxoSmithKline Consumer Healthcare
Tel: 0845 762 6637

Cast iron facts from Milupa

'Feeding your toddler' is a new professional practice resource for health professionals from infant formula milk brand Milupa Aptamil. Designed to provide concise information, the guide covers topics including a balanced diet and coping with faddy eaters. A fast facts section spans lifestyle, dietary patterns and the inclusion of key nutrients.

The resource is intended to meet healthcare professionals' demands for information on the iron content of foods in an easy to use format.

Product info:
Milupa Aptamil Careline
Tel: 0845 762 3676
www.milupaaptamil4hcps.co.uk

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ABIDEC MULTIVITAMIN DROPS PRODUCT INFORMATION. Presentation: Abidec Multivitamin supplement containing retinol, ergocalciferol solution, thiamine hydrochloride, riboflavin, pyridoxine hydrocholoride, nicotinamide, ascorbic acid. **Indications:** Multivitamin supplement preventing vitamin deficiencies and maintaining normal growth and health during infancy and childhood. **Dosage and administration:** Infants and children up to 12 years. Infants under 1 year: oral. One 0.3ml dose taken daily. Children aged 1 to 12: oral. One 0.6ml taken daily. **Contra-Indications:** Hypersensitivity to the product or any components including peanut oil. **Precautions and Warnings:** Food supplements are intended to supplement the diet and should not be regarded as a substitute for a varied diet. Allowance should be made for vitamins obtained from other sources to prevent hypervitaminosis. Should not be taken by patients with a known allergy to Arachis oil (peanut oil), or by patients with an allergy to soya as there is a possible relationship between allergies to soya and peanuts. Keep out of sight and reach of children. Store in a cool dry place. **Side effects:** Not anticipated with the quantities present. **Interactions:** None known. **Pregnancy and lactation:** Not indicated. **Packaging quantity and cost:** 25ml; £3.29 (RSP) **MA number:** PL 02855/0015 **MA Holder:** Chefaro UK Ltd, Tower Close, Huntingdon, Cambs PE29 7DH. **Legal category:** GSL. **Further information is available from:** Chefaro UK Ltd, Tower Close, Huntingdon, Cambs PE29 7DH. +44 (0)1480 421800. **Date of preparation:** January 2007.

ABIDEC MULTIVITAMIN SYRUP WITH OMEGA 3: food supplement, 125ml, lemon flavour, RSP £4.99. **ABIDEC MULTIVITAMIN CHEWY CAPSULES WITH OMEGA 3:** food supplement, 30 capsules, orange flavour, RSP £4.99. January 2007.

Listerine's taste of victory

Listerine Advanced Tartar Control has won the oralcare category in this year's Product of the Year Awards. Voted for by more than 10,000 consumers, the accolade gives the product the right to carry the red Product of the Year logo for 2007.

Listerine Advanced Tartar Control was launched in February 2006 in response to consumer demand for oralcare products with cosmetic benefits.

Further winners on pharmacy shelves include: Tampax Compak Fresh, Blistex Lip Smash, Nivea Sensitive Calming day cream and Visage DNAge cell renewal day cream, Dettol liquid hand wash, Dove summer glow body lotion, Ambre Solaire clear protect, Head and Shoulders conditioners, Elastoplast spray plaster, Gillette Fusion shaver, aftershave gel and balm, Gillette Venus Vibrance and Pampers sensitive wipes with moisture seal.

Product info:
Pfizer Consumer Healthcare
Tel: 01304 616161
www.productoftheyear.co.uk

Products advertised on TV next week

Clearblue

Abidec children's vitamins: five, Sat
Anadin Ultra Double Strength: All areas
Buscopan: C4, five, GMTV, Sat
Buttercup Cough Syrup: GMTV, C4
Calpol: All areas
Canesten Oral Duo: All areas
Clearblue: All areas
Covonia: GMTV, five & Sat
Cura-Heat Arthritis Pain Knee & wrist: C4, five
Cura-Heat Back Pain: C4, five
Cura-Heat Irritable Bowel Syndrome: C4, GMTV, Sat
Cura-Heat Period Pain: C4, GMTV, Sat
DenTek: GMTV
DulcoEase: C4, five, GMTV, Sat
Hedrin: five, GMTV, Sat
Lanacane: All areas
Milton: All areas except five
Seven Seas Cod Liver Oil: GTV, GMTV, Sat
Voltarol Emulgel P: All areas except GMTV
PharmaSite for next week: Nurses – Windows, **Nurses** – In-store, **Anadin** – Dispensary
Pharmacy channel: Vega Nutrionals, Day & Night Nurse capsules, Aveeno

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Babies get the silent treatment

Infacol is appearing in a new advertisement in the healthcare professional press. Taking a 'Silent night' theme, the ad is designed to convey the message that the colic drops treat wind, colic and griping pain. Ads will run from March.

A second Forest brand, Sudocrem, has teamed up with marketing company Bounty for its latest campaign. The brand is sponsoring the 'Baby/toddler of the month' feature and running banner ads, competitions, editorials and advertorials on the Bounty website.

Product info:
Forest Laboratories
Tel: 01322 550550

Summer's coming

Perfectslim pro-massage is a new product from L'Oréal Paris. The two-step anti-cellulite manual massage system has massage rollers to squeeze and roll the skin and a post-massage firming concentrate in gel form.

Nutrisummer Mist has been added to the moisturising portfolio. Designed for daily use, the product gradually builds a natural sun-kissed look, says L'Oréal. Joining the product from April will be Nutrisummer Tone Up, a gradual tanning moisturising lotion said to tone the skin and reduce the appearance of cellulite.

Prices: Nutrisummer Mist £11.99, Perfectslim £13.99; Tone Up £7.99

Product info:
L'Oréal
Tel: 0161 655 1400

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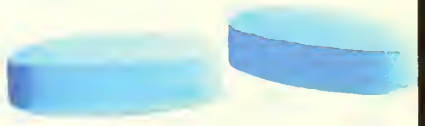

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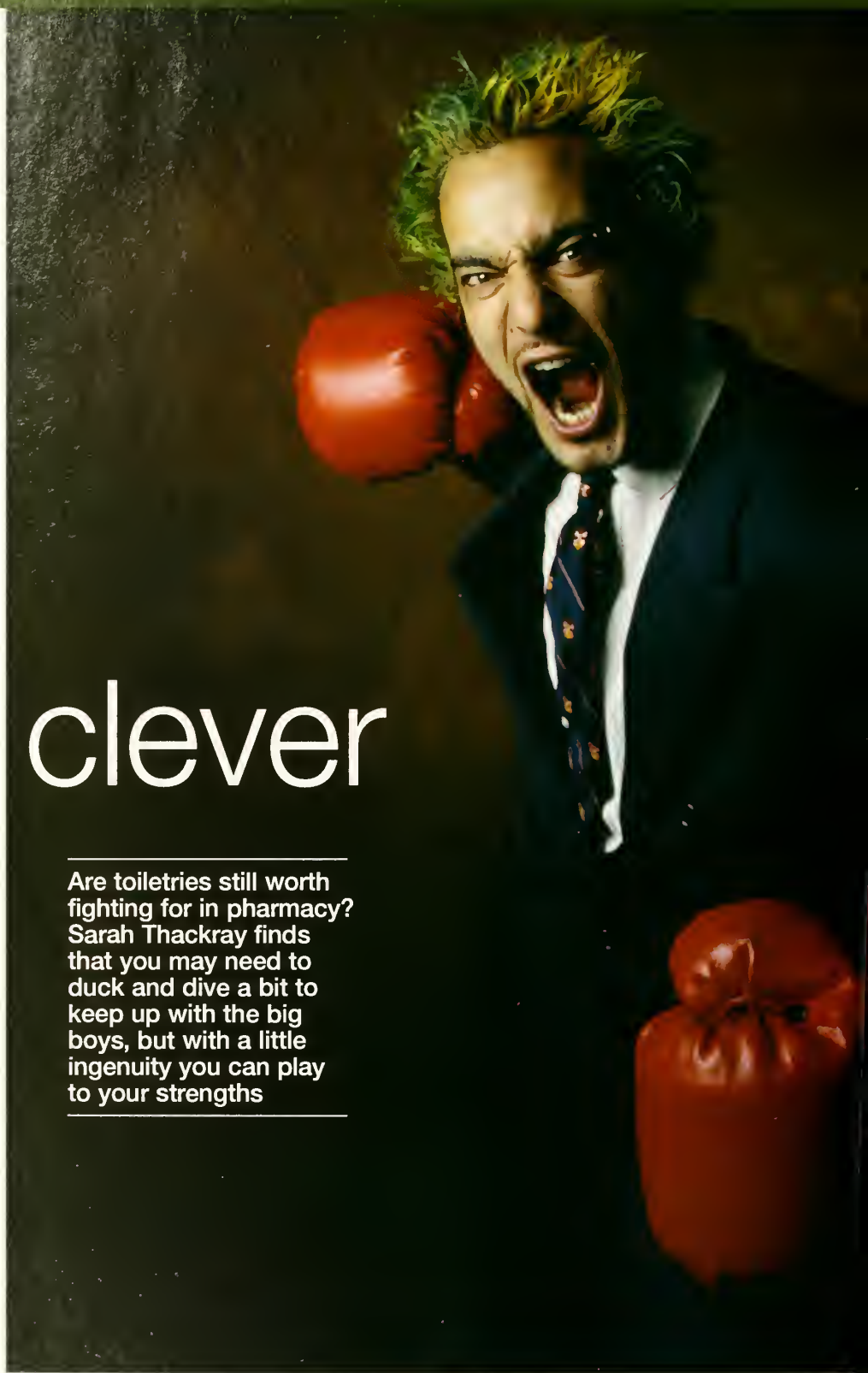

Boxing clever

Are toiletries still worth fighting for in pharmacy? Sarah Thackray finds that you may need to duck and dive a bit to keep up with the big boys, but with a little ingenuity you can play to your strengths

Growing price and margin pressures are making the toiletry and beauty markets increasingly unattractive for pharmacies as many of these products are being bought as part of the weekly grocery shop. The grocery giants have been key to the growth of the £4.3 billion toiletries market while pharmacies (not including Boots and Superdrug) now only account for 6.5 per cent of sales, according to IRI.

Mintel's latest consumer research shows that 40 per cent of adults buy toiletries at Tesco, second only to Boots (51 per cent) while purchasing levels at other major grocery chains Asda, Sainsbury's and Morrisons were 28 per cent, 20 per cent and 18 per cent respectively.

As part of the grocery multiples' inexorable expansion into non-foods, they have developed a compelling toiletry package combining convenience, highly competitive prices, aggressive rolling promotions, a good selection of branded and own-brand lines plus a growing range of premium products.

"Even the sectors that are best performers in pharmacy like liquid soap, facial skincare and hand and body are growing even faster in the major multiples," says David Goodwin, account director for the IRI toiletries client service team. "Similarly, most of the declining performers in pharmacy are worse than any declines in grocery."

Mr Goodwin believes this is due to pharmacies not competing on promotions but admits it is unrealistic to expect pharmacies to compete on price and promotions with the grocery multiples. "From the manufacturer's perspective, they will get greater return on promotional spend from bigger volume accounts so they wouldn't focus their efforts on pharmacies," he says.

Mr Goodwin believes it is important for the toiletry products stocked by pharmacies to be bestsellers. "Perhaps the best compromise would be a small but carefully selected range of better-selling products across key categories," he says.

What the toiletry giants say...

When C+D asked toiletry giant Unilever about its support for pharmacy, the company said it was committed to working with its pharmacy customers "to help realise sustainable and profitable growth from the toiletries sector".

"Price and promotion are important contributors to value," says Linda Carpenter, customer marketing director for Unilever UK Home and Personal Care. "However, research has shown that other components of the value equation are equally important in the sector.

"In particular, the pharmacy sector has significant advantage over major multiple grocers in the area of quality of service and in-store environment. While the total toiletries market may be declining in the pharmacy channel, there are some categories of toiletry products that are showing healthy growth, such as bodysprays and skin cleansing," she comments.

Ms Carpenter believes that with the right offering, toiletries can help pharmacies build a sustainable and profitable business. "The core elements of focus need to be on differentiated offerings which are tailored to their target audience, combined with simplicity of offering with simple and clear ranges and finally tailored customer marketing communication," she says.

For pharmacy to continue to compete in the toiletry market, TNS Worldpanel also predicts that it will be important to focus on more premium or specialist markets to ensure an offering which is distinct from the grocery multiples but

So, is it worth fighting for toiletries or would it be better to get rid of them and use the space for higher return products?

Toiletry trends

Source: TNS Worldpanel

- Last year saw a decline of 0.5 per cent of total toiletry sales in pharmacies and drugstores in contrast to an increase of 4.5 per cent in multiple grocers.
- Pharmacies and drugstores still retain dominance in skincare, sun preparations, depilatories and men's mass fragrances.
- Skincare tops the overall spend on toiletries and this market grew by 3.7 per cent in chemist and drugstores last year.
- Hair colorants and mouthwash have performed well in pharmacies – hair colorants grew by 9.5 per cent and mouthwash sales were up by 7 per cent last year.
- Particularly poor performers in pharmacies and drugstores last year were shampoo (-7.7 per cent), deodorants (–8.2 per cent) and bath additives (–13.7 per cent).
- The total cosmetics market grew by 7 per cent in pharmacies and drugstores last year and this sector sells over three-quarters of mass market cosmetics.
- Environmental and health concerns have a great influence on general grocery shopping and this will have some effect on toiletry and cosmetics shopping so there is still potential for growth in this sector.

believes this will also need to be in conjunction with providing a sufficient range of everyday toiletries.

Stock sitting on shelves

Although pharmacies are focusing on selling more specialised toiletry, cosmetics and fragrance products to avoid competing directly with the grocery multiples, the sales of specialist lines are not as frequent as on commodity toiletries and pharmacists don't want stock with a slow turnover sitting on their shelves for weeks.

So, is it worth pharmacies fighting for toiletries or would it be better to get rid of them and use the space for higher return products?

"I don't think pharmacies should give up the fight for toiletries just yet," says Helen Groves, brand controller for Numark. "They just need to be sensible with how much room they dedicate to this area. There are many 99p lines that offer consumers good value but pharmacists can't afford to sacrifice too much space to them when greater cash margins are available from core lines."

Christine Morris, pharmacy marketing manager for AAH Pharmaceuticals, thinks there will always be a place for toiletries in community pharmacy. "Many impulse purchases on toiletries are made every day because the accessibility of the pharmacy makes them convenient," she says.

Caroline Pratt, pharmacy services manager for UniChem, believes that although the grocery sector now commands an increasing share of the sales percentages in the toiletry market, it is still important for pharmacies to offer a range of toiletry products in order to meet the needs of their community.

This is not to say that pharmacies should stock a large or extensive range of products," she says. "The key is to understand the benefits of using market research and adopt a category management approach for toiletries to help determine which products sell and which products consumers look for when they visit their community pharmacy. Consumers still look to pharmacies for specific toiletry products that they may not find at their supermarket such as oral health and specialist skincare products."

Pharmacy-only toiletry brands

Pharmacies do still have the opportunity to capitalise on a small number of pharmacy-only toiletry brands. Vichy skin and suncare products are exclusive to independent pharmacies and there are no plans to change this. Some French companies like to keep exclusivity in pharmacy and this is the case for Pierre Fabre brands like Klorane haircare and Elancyl bodycare. Eludril and Elgydium oralcare and Dermasalve skincare, which are all represented by Ceuta Healthcare, are also only sold through pharmacies.

"Specialist skincare often needs advice which is pharmacy's point of difference," says Annette D'Abreo, deputy managing director of Ceuta Healthcare. "Pharmacies can offer a lovely environment with friendly staff and good customer service which grocers don't have."

She believes that pharmacy still has an important role in selling toiletries. "Pharmacies need to have a combination of medicines and toiletries to have an overall offering," she says. "Beauty and make-up can be successful depending on the pharmacy's surrounding area and the amount of space in the front of the shop."

However, gone are the days when the big beauty houses wooed pharmacists in an effort to build sales of their make-up in pharmacies. Revlon has recently decided to pull its cosmetics brand completely out of all independent and most multiple pharmacies (not including Boots). The company will now focus on selling its cosmetics range through the grocery multiples, Boots and Superdrug.

As one independent pharmacist who previously sold Revlon cosmetics sums it up: "This is another nail in the coffin for trying to sell toiletries in pharmacies. When a big company like that decides that pharmacy is not really the place for them to be exposed, it is a clear indication that the support just isn't there."

Two pharmacists give differing opinions about how they see the future of toiletries in pharmacy

Toiletries are a "necessary evil" in the pharmacy, according to **Ash Soni** of Copes Pharmacy in Streatham, South London.

"In terms of space that toiletries occupy in the shop compared to their turnover, it is debatable whether the return on the investment is that great these days. But it is a way of maintaining a high street presence whereas the danger of walking away from toiletries completely is that you end up with a GP surgery," he believes.

Shiv Bagga built up a good reputation for selling toiletries and cosmetics in his pharmacy in East Ham, East London.

"There is no chance of pharmacies actually securing regularity of business in toiletries because of the competitiveness in this market. The supermarkets have taken over the best-selling lines and reduced the prices to an extent where we can't really have any sort of margins on the retail prices that we have to fund toiletries at.

"The premium brands are the ones that pull in the customers and we still stock those. But, the supermarkets are now attacking the premium brands as well. If the margins are not there, why stock the products?" he asks.

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What causes variations in the incidence of CVD?
How to communicate risk to patients

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Evidence for various non-drug interventions
How do we implement this in practice?

Lipid-regulating therapies

What does the evidence show?
Choice of statin
Implications of the Heart Protection Study

Hypertension

Evidence around choice of drug therapies
Practical implications of theclinical evidence

Antiplatelet therapy

When should aspirin be given?
What is the role of clopidogrel?
What is the role of other antiplatelets?

Registration: 6.30pm (coffee, light refreshments)
Workshop start: 7.30pm
Workshop finish: 9.30-9.45pm
Buffet supper: 9.30pm

Places limited so book early

Respiratory disease

Epidemiology, burden of illness and natural history of COPD and asthma
Diagnosis issues for COPD and asthma
What does the National Guidance say?

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Long-acting beta-agonists
Evidence around choice of delivery system?

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Venue selection
- ❑ MANCHESTER – Tuesday, 13 March 2007, Marriott Worsley Park, Manchester M28 2QT
- ❑ LEEDS – Thursday, 15 March 2007, Holiday Inn, Garforth, Leeds LS25 1LH
- ❑ BIRMINGHAM – Tuesday, 20 March 2007, Hilton Hotel, Junction 15 M40, Warwick CV34 6RE

Workshop selection (one only)
- ❑ CV risk
- ❑ Respiratory disease

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New scent for old favourite

Yardley is extending its floral based Classics range with a fresh new fragrance for spring and summer. Yardley Honeysuckle is a delicate green floral scent which combines honeysuckle with peony, jasmine, lilac, honey and musk. It is available in eau de toilette, soap, body spray and body lotion. Retail prices range from £2.95 for 100ml body spray to £11.95 for 125ml eau de toilette.

This month also sees the launch of two Yardley English Lavender gifts which are suitable for Mother's Day or Easter. A purse spray features a mini eau de toilette in an elegant bag (£5.95) and a travel set comprises hand and nail cream, soap and a wash mitt (£9.95).

Lornamead UK
Tel: 01276 674000

The beauty of own-label

AH Pharmaceuticals has extended its Vantage ange to provide pharmacies with a value own-abel offering for key toiletry products. A new ange of health and beauty products includes air gels, bath foams and creams plus cotton ool pads, balls and buds.

Vantage has also introduced tissues in family nd man size as well as nail polish remover and terilising fluid.

etail prices range from £0.29 to £1.49.

AH Pharmaceuticals
el: 024 7643 2000

New look for Dove beauties

he Dove range is being relaunched in a move imed at reinforcing the everyday moisturising redentials of the brand. The range features mproved formulations and new packaging esigned to encourage cross-category urchasing of deodorants, bars, body wash and kincare.

The relaunch will be backed by a £10 million upport package including a TV campaign and he launch of the brand's biggest beauty survey where women are asked to try Dove products nd report back on what they think.

etail prices range from £1.35 for Beauty Cream ar (2x100g) to £4.59 for Rich Nourishing eauty Body Moisturiser (400ml).

Unilever UK
el: 020 8439 6100

Finger on the pulse of toothbrush sales

Procter & Gamble hopes to add value growth to the manual toothbrush category with its 'pulsing' Oral-B Pulsar manual toothbrush this year. The brush is designed to provide more effective cleaning with bristles that pivot back and forth to penetrate between the teeth and clean along the gum line. Elastomeric pads on the bristles gently pulse and grip the tooth surface to sweep away plaque. Features also include a split brush head to allow the bristles to adjust to the contours of the teeth and moderate how much pressure is applied to teeth and gums.

Oral-B Laboratories
Tel: 01932 896000

Vichy kit targets skin troubles

Vichy is extending its pharmacy-only Normaderm range of products for skin prone to imperfections with a three-week intensive skincare treatment.

The Normaderm Intensive Renovating Care kit (£25.00) is formulated to target congested pores and leave skin regenerated. The three-week programme involves daily use of Normaderm's Intensive Renovating Care plus a weekly eight-minute process using a combination of three products to exfoliate, cleanse and soothe and protect the skin. Suitable for all ages, the treatment is hypo-allergenic and tested on sensitive skin.

Vichy Laboratoires
Tel: 020 8762 4030

Fresh boost for Lynx

Unilever hopes to entice new users into male toiletries and add excitement to the category with the relaunch of its brand leading Lynx range this year. The entire range has been updated with new and improved fragrance formulations. In addition, new packaging features a more contemporary can design with a twist mechanism which is new to the male fixture.

The relaunch will be supported by a £9 million marketing package including TV advertising, sampling, events and online activity. Available in cases of six, the products include bodyspray, shower gel, antiperspirant aerosol, antiperspirant stick and antiperspirant roll-on. Retail prices range from £1.99 for antiperspirant roll-on to £2.79 for bodyspray.

Unilever UK
Tel: 020 8439 6100

0207 921 8123

Booking and copy date
12 noon Monday prior
to Saturday publication subject
to availability

Contact:
Chris Docwra
Chemist + Druggist (Classified),
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The Plonker's wine diary continues on its merry way as he adds his bit to the unrelenting debate on corks, plastic bungs and screw caps, encourages you to befriend a sommelier and reports on the everyday guzzling of Mrs P and the Planquettes.

An open and shut case

Writing about a subject that forces an innocent soul like the Plonker to make frequent use of the words bung and screw is fraught with danger, so it's over to you dear readers. How would you respond to the following question?

If you are opening a bottle of wine with a screw cap are you thinking:

a) This stuff will be cheap and nasty.

b) This is cutting edge; we're in for a treat.

Had you responded to these questions back in 2003, 60 per cent of you would have gone straight for option a and thought that the wine must be somehow inferior for having a screw cap.

However, by 2006 this number had reduced dramatically to 30 per cent as the success of the screw cap continues. For the seriously sad, you can check this out with an organisation called the Wine Intelligence Briefing and, yes, it has a website.

Next, let's consider the poor old-fashioned cork. Why is it getting such a bad press? Well it's all down to a very nasty piece of work called 2-4-6 tricloranisole (TCA for short) that lurks in cork and can cause all sorts of mayhem with your precious wine. It's the cause of 'corked' wines and can vary in its effect from being barely detectable to creating a full blown yuk-yuk-yuk gorge-raising monster, which leaves you with a mouth and nose feeling like the inside of a musty compost heap.

There can be a fair bit of confusion about corked wine. You know what it is, but it's also useful to know what it is not:

- It has nothing to do with the state of the cork. You know the feeling – in goes the corkscrew, the cork breaks and you spend all night filtering cork bits through the gap in your front teeth.
- It has nothing to do with air getting into the wine. Leave a wine open for more than a couple of days and it rapidly becomes undrinkable. The same thing happens in the bottle if tiny airways develop in a faulty cork.
- It has nothing to do with the assorted stinks that can develop in an 'off' wine; think of the delights of your first chemistry set and you'll get the picture. Mercifully, scientific wine making is eliminating many of these horrors.

So if the traditional cork has had its day, are plastic bungs and screw caps a better alternative? To be honest, I hate the whole idea of the plastic stopper, which sadly has gained some popularity. Not only do they wreck your favourite corkscrew but are also notoriously difficult to pull. If you could see Mrs P trying in vain to extract the plastic cork from her favourite Valpol' (full bodied, spicy, great legs describes both) you'll know what I mean. A 'Ban the Bung' campaign will get my vote anytime.

Screw caps are an entirely different matter. OK, so they're not so romantic and you miss out on the sensual pleasure of the ritual pull, but you get a guarantee of quality, no hang ups about cork taint, no broken corks and the air doesn't turn blue when you can't get the plastic stopper out.

There is a bit of a question mark around the effect on the ageing process (cork vs screw) which frankly won't be answered for another 20 years but I can't wait that long, bring on the screw caps now!

Winemaker of the month is Erni Loosen, current superstar among Riesling producers in the Pfalz region of Germany. Apart from his estate-bottled gems, he also produces the Naked Grape Riesling we tried Chez Planquette.

My essential wine book for 2007 is Matthew Jukes' annual Wine List. The idea is a bit odd: test 30,000 wines in a year and come up with a list of the 250 best, but it really works. Packed with useful advice.

Making the most of sommeliers

Sommeliers come in three varieties:

Type 1 The truly knowledgeable; instantly recognisable by the bunch of grapes badge and the long black apron.

Type 2 The headwaiter who thinks he knows a bit about wine; instantly recognisable by the bunch of grapes badge and the black apron.

Type 3 The newly recruited waiter who pronounces wine with a 'v' and arrived on the last plane from Slovenia. Sure enough, instantly recognisable by the bunch of grapes .....!

Dos and don'ts when confronted by a Type 1:

- Don't assume that you know more about wine than they do – you almost certainly don't.
- Do tell them what your budget is.
- Don't be afraid to admit to little or no knowledge and to ask for their help, you're certain to win a friend that way.
- Do tell them what style of wine you like and, of course, what you are going to be eating.

For Types 2 and 3 just hold your nerve and out-bluff them; that's exactly what they'll be trying to do to you!

Winter warmers

Mid-winter in the Plonker kitchen means hearty stews, soups and simple comfort food, so I had a quick tour of the high street on the look out for some wines to match. A trip to Marks & Spencer produced a real surprise, a Merlot from the south west of France at £3.99, which we drank with spaghetti carbonara served simply with some good bread. Once we had recovered from the hit of coarse spice you get from basic French regional wine (unique, but very difficult to describe) it turned out to be fine; give it a try, M&S Gold Label Vin de Pays d'Oc Merlot (6-7-6 on the score board).

Meanwhile, one of the Planquettes invited us to dinner and served a perfectly balanced Riesling alongside Thai green curry. It's marketed under the Naked Grape brand (Waitrose £5.69) and gets three straight 7s for pleasure and value; we'd definitely buy it again.

Cabernet Sauvignon is another great winter warmer, M&S scored again with its Casa Leona Chilean Cab, a bargain at £5.49 (7-7-8).

Oddbins scored high for inconsistency; an Australian Shiraz-Merlot-Cabernet mix called Storm Bird made by (I can't believe this) Tiddy Widdy Wines, was terrific value at £5.49 (6-8-8). A wine called Hegarty No 3 Minervois wasn't (3-3-3).

Tesco Finest Côtes de Rhônes Villages at £5.19 was really boring and so only scraped together a poor score (5-4-5) and a Chilean Pinot Noir from Sainsbury's at £5.99 (Cono Sur Varietal Range 2006) didn't do much better with 5-6-4.

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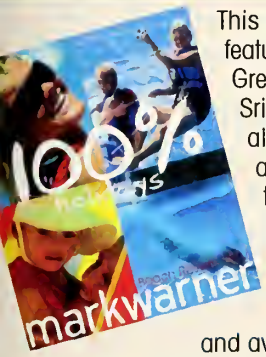

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